MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10546

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Md.; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St. Crisfield

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) Evelyn; (Middle) Louise; (Last) Boston

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 1st 1917

9. AGE last birthday: 33 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph A. Brinkley Sr.

14. MOTHER'S MAIDEN NAME: Viola Custis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Joseph A. Brinkley Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Dis Ease

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead when I was Called, 19..., that I last saw the deceased alive on Oct 28, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm H Coulbourne M D; ADDRESS: Crisfield Md; DATE SIGNED: Oct 30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: November 1/50; NAME OF CEMETERY OR CREMATORY: Library; LOCATION (City, town, or county) (State): Marion, Md

DATE REC'D BY LOCAL REG.: 10/31/50; REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: George Leighman; ADDRESS: Marion, Md.

52096

RECEIVED
NOV 6 1950
BUREAU T. S

10547

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Revellis Neck
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Revellis Neck
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Francis (Last) Bozman
4. DATE OF DEATH (Month) October (Day) 5 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH March 15, 1867
9. AGE last birthday 83 yrs. If under 1 year Months 6 Days 20 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Truck Farming
11. BIRTHPLACE (State or foreign country) Revell Neck, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Isaac Bozman
14. MOTHER'S MAIDEN NAME Serena Jane Brittingham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Alfredd Bozman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	14 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac decompensation	2 years
	(c) Generalized arteriosclerosis Hypertensive Cardiovascular disease	?

443x
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1950, to Oct. 5th, 1950, that I last saw the deceased alive on Oct. 4, 1950, and that death occurred at 8 10/A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. B. Whaley M.D. ADDRESS Princess Anne, Md. DATE SIGNED 10/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 1950
NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery
LOCATION (City, town, or county) Princess Anne (State) Md.
DATE REC'D BY LOCAL REG. 10/6/50
REGISTRAR'S SIGNATURE R. T. Johnson, M.D. G.H.B.
24. FUNERAL DIRECTOR Dale Dashiell ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10548

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 220 North Fourth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) 220 North Fourth Street

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) --; (Last) Campbell

4. DATE OF DEATH: (Month) Oct. (Day) 19, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 21, 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private Home

11. BIRTHPLACE (State or foreign country): Eddysville, Virginia

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Harcum

14. MOTHER'S MAIDEN NAME: Sarah Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Naoma Campbell - 220 N. Fourth St. Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage with Hemiplegia rt side — Interval Between Onset and Death: 3 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Interval Between Onset and Death: yrs

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 5, 1948, to Oct 19, 1950, that I last saw the deceased alive on Oct 19, 1950, and that death occurred at 9:20 A m., from the causes and on the date stated above.

SIGNATURE: C G Rawley M.D. (Degree or title); ADDRESS: Crisfield, Md; DATE SIGNED: 10/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Oct. 23, 1950; NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery; LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG. 10/21/50; REGISTRAR'S SIGNATURE: Betty W. Tyler; 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors; ADDRESS: Crisfield

52056

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 23 1950
BUREAU V. S

10549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island Md Rural
STREET ADDRESS (If rural, give location) Deal Island Md

3. NAME OF DECEASED (Type or Print) (First) Zack (Middle) (Last) Carter

4. DATE OF DEATH (Month) Oct (Day) 23rd (Year) 1950

5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Honey
8. DATE OF BIRTH March 4-1878
9. AGE last birthday 72 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dredging Oysters
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Deal Island Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Phillip Carter
14. MOTHER'S MAIDEN NAME Jane Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mary Carter Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 18 months

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1949, to Oct 23rd, 1950, that I last saw the deceased alive on Sept 25th, 1950, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE Eldon G. Maursman (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 10.26.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 26-50
NAME OF CEMETERY OR CREMATORY John Wesley M.E.
LOCATION (City, town, or county) Deal Island Md (State)

DATE REC'D BY LOCAL REG. 11/1/50
REGISTRAR'S SIGNATURE Lola L. Wheatley
24. FUNERAL DIRECTOR W. S. Webster Deal Island Md ADDRESS

900 V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 8 1950
BUREAU V. S

Evidence for addition of #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10550

FILM No. G 129 DEC 4 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Highway #413	STREET ADDRESS (If rural, give location) 19 Tyler St.

3. NAME OF DECEASED (Type or Print): (First) ALVERTA (Middle) COTTMAN (Last) COLLINS

4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1950 19

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH

9. AGE last birthday approx. 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): seafood laborer

10b. KIND OF BUSINESS OR INDUSTRY: Crabing Industry

11. BIRTHPLACE (State or foreign country): Marumsco, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence Cottman

14. MOTHER'S MAIDEN NAME: Helen McCready Cottman Torney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Helen Torney --19 Tyler St. Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825.5 Immediate cause (a) Fractured Skull Shock Fractured Femur

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Automobile Accident

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street R Crisfield (CITY OR TOWN) Somerset (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 8 1950 5:15 A.M.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from Dead when I arrived, 19..., to ..., 19..., that I last saw the deceased ~~alive~~ on Oct 8, 1950 and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE: Wm H Coulbourn (Degree or title) M D — ADDRESS: Crisfield Md — DATE SIGNED: Oct 9 1950

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: Oct. 10, 1950 — NAME OF CEMETERY OR CREMATORY: Marumsco Cemetery — LOCATION (City, town, or county) (State): Marumsco, Maryland

DATE REC'D BY LOCAL REG.: Oct. 30, 1950 — REGISTRAR'S SIGNATURE: Betty H. Tyler

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield — ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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7

RECEIVED
NOV 1 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10551

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 16 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smiths Island
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Myrtle Street	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) IVA	(Middle) MAY	(Last) EVANS	4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1950 19
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 12, 1877	9. AGE last birthday 73 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Farimount, Maryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William J. Hall		14. MOTHER'S MAIDEN NAME Caroline Kimberly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. Glenwood Evans 309 Myrtle St. Crisfield, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis - Heart block	2 hrs.
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac + Cerebral Arteriosclerosis	several yrs
61	(c) Diabetes mellitus	" "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1950, to Oct 15, 1950 that I last saw the deceased alive on Oct. 15, 1950, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. W. Peyton	M.D.	Crisfield, Md	Oct. 16, 1950

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF Oct. 17, 1950	NAME OF CEMETERY OR CREMATORY Ewell Cemetery	LOCATION (City, town, or county) (State) Ewell, Maryland
DATE REC'D BY LOCAL REG. 10/16/50	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1950
BUREAU V. S

10552

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) ELWOOD (Middle) RALPH (Last) GROTON
4. DATE OF DEATH (Month) Oct 5, (Day) 1950 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 29 1918
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elwood Rodney Groton
14. MOTHER'S MAIDEN NAME Cecil Bell Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 220-01-8406
17. INFORMANT AND ADDRESS Mrs Gladys W Groton, Pocomoke Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
540.1 Immediate cause	(a) Peritonitis.	1 - 5 Oct 50
117a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastric ulcer Ruptured	1 - 5 Oct 50
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct 4 50
19b. MAJOR FINDINGS OF OPERATION General Peritonitis. Ruptured Gastric ulcer
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY no (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Mo m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? No injury

22. I hereby certify that I attended the deceased from Oct 3, 1950, to Oct 5, 1950, that I last saw the deceased alive on Oct 4, 1950, and that death occurred at 1 35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Coulburn M D ADDRESS Marion Sta Md DATE SIGNED Oct 5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 8 1950
NAME OF CEMETERY OR CREMATORY Groton Cemetery
LOCATION (City, town, or county) (State) Groton, Virginia

DATE REC'D BY LOCAL REG. 10/6/50
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke City Md.

33284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 9 1950
BUREAU V. S

10554

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH · COUNTY: Somerset — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion — LENGTH OF STAY (in this place): 34 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Diline (Middle) Hodges (Last) Brinkley

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1950

5. SEX: Fem

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): infant

8. DATE OF BIRTH: Sept 23-1950

9. AGE last birthday: yrs. — If under 1 year: Months 1, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Marion Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Lenwood Brinkley

14. MOTHER'S MAIDEN NAME: Ruth Hodges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Ruth Hodges Marion Somerset Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

773.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Marasmus

158 (c) Natural Cause

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Was Dead when I, 19..., to ..., 19..., that I last saw the deceased alive on was called, 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE: Wm H Coulbourn (Degree or title) M D — ADDRESS: Crisfield Md — DATE SIGNED: 10/27/50

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: Oct 28-1950 — NAME OF CEMETERY OR CREMATORY: Waymans — LOCATION (City, town, or county) (State): Marion Somerset Co Md

DATE REC'D BY LOCAL REG.: 10/27/50 — REGISTRAR'S SIGNATURE: Betty Massey — 24. FUNERAL DIRECTOR: Charles Howard Marion — ADDRESS: Md.

2-0-7-23-0-32-5-36-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1950
BUREAU V. S

10553

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chance
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Memorial Hospital	STREET ADDRESS (If rural, give location): No street address

3. NAME OF DECEASED (Type or Print) (First) BERTHA (Middle) -- (Last) JONES			4. DATE OF DEATH (Month) Oct. (Day) 17, (Year) 1950 19	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: 1880 ?	9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY: House wife	11. BIRTHPLACE (State or foreign country): Chance, Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: John Stubbs		14. MOTHER'S MAIDEN NAME: Mariah Anne Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: L. G. Webster		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X Immediate cause (a) Uremia Acute Due of Hut — 1 mo

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Int Nephritis Chronic Myocarditis — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: General Arteriosclerosis — Yes

19a. DATE OF OPERATION: Mon	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Oct 17, 1950, that I last saw the deceased alive on Oct 17, 1950, and that death occurred at 9:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George C. Coulbourn M.D. — ADDRESS: Marion Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Oct. 20, 1950	NAME OF CEMETERY OR CREMATORY: Chance Methodist Cem.	LOCATION (City, town, or county) (State): Chance, Maryland
DATE REC'D BY LOCAL REG.: 10/19/50	REGISTRAR'S SIGNATURE: Betty Massey	24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 23 1950
BUREAU OF

10555

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke City
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) ADDERSON (Last) KERSEY

4. DATE OF DEATH (Month) Oct 13, (Day) 1950 (Year) 19

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov 15, 1864

9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Violet James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Violet Johnson RFD Pocomoke City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH yrs.

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Old age

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Family tendency

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1910, to Oct, 1950, that I last saw the deceased alive on Oct 6th 1950 and that death occurred at 11 45P m., from the causes and on the date stated above.

SIGNATURE N. E. Sartorius MD. (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 10/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct 17 1950

NAME OF CEMETERY OR CREMATORY Tindly's Chapel Cem

LOCATION (City, town, or county) RFD Pocomoke City Md. (State)

DATE REC'D BY LOCAL REG. Oct 16- 1950

REGISTRAR'S SIGNATURE Mrs Clayton Davis

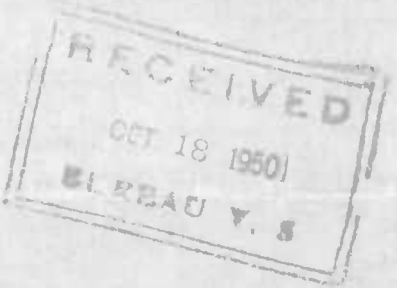
24. FUNERAL DIRECTOR Henry H Watson ADDRESS Pocomoke City Md

86600

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
OCT 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10556

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield; HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia; STATE MARYLAND; LENGTH OF STAY (in this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield; STREET ADDRESS (If rural, give location) Lawsonia

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) M. (Last) Moore

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 10/8/1876

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cobesbury Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Littleton Milbourne

14. MOTHER'S MAIDEN NAME: Margaret J. Beauchamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lois Stelling Crisfield Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ly nephe sarcoma — 9 mo

200.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

55a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1950

19b. MAJOR FINDINGS OF OPERATION: Gland removed - for diagnosis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to Oct. 1, 1950, that I last saw the deceased alive on Oct. 1, 1950, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE: S. M. Payton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: 10/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 10/3/50; NAME OF CEMETERY OR CREMATORY: Asbury Cemetery; LOCATION (City, town, or county) (State): Crisfield Md.

DATE REC'D BY LOCAL REG. 10/3/50; REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Richard Covington; ADDRESS: 306 Main St. Crisfield, Md.

RECEIVED
OCT 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10557

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2.6.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North of Princess Anne
LENGTH OF STAY (In this place): Temporary
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ------ Route 13

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishop R. F. D.
STREET ADDRESS (If rural, give location): R.D. 1 ✓

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Carl (Last) Poper

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 28, 1949

9. AGE last birthday: yrs. — If under 1 year: Months 9 Days 3 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Poper

14. MOTHER'S MAIDEN NAME: Margaret Staley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: The Mother. Bishopville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0 Immediate cause (a) Gastro-enteritis. — Interval between onset and death: 2 weeks.

119 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry M. Lankford M.D. Princess Anne Md October 2, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF: Oct. 7, 1950 — NAME OF CEMETERY OR CREMATORY: St Luke — LOCATION (City, town, or county) (State): Newtown Md

DATE REC'D BY LOCAL REG.: Oct 6, 1950 — REGISTRAR'S SIGNATURE: W. H. Johnson

24. FUNERAL DIRECTOR — ADDRESS: Bruce A Bunting Berlin Md

98 V 229 99 98 Pocomoke, Md.

pace N.V.

RECEIVED
OCT 6 1950
BUREAU OF

Evidence for addition of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 129 NOV 3 1950 FOR MEDICAL EXAMINERS

10558

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Costen Station — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pocomoke R.F.D. — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Scott
4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Approx
9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Saw mill
11. BIRTHPLACE (State or foreign country): W
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not known
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage from vessels of neck also fractured skull — 825.6

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) — 170 c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) near Costen Station (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 15, 1950 1 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry M Lankford M.D Princess Anne Md 10/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct 28 1950
NAME OF CEMETERY OR CREMATORY: Metropolitan Cemetery
LOCATION (City, town, or county) (State): Princess Anne Md

DATE REC'D BY LOCAL REG. 10/27/50
REGISTRAR'S SIGNATURE: R. A. Johnson, M.D.
24. FUNERAL DIRECTOR: Lewis P. Wilson
ADDRESS: Princess Anne, Md

S.H.B.

RECEIVED
NOV 1 1950
BUREAU V. S

10559

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset Manokin MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Thomas (Last) Smullen
4. DATE OF DEATH (Month) Oct (Day) 9 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mard
8. DATE OF BIRTH May 16 1870
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stove maker
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Worchester County
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME James Thomas Smullen
14. MOTHER'S MAIDEN NAME Henrietta Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs William Smullen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Oct 9, 1950, to Oct 9, 1950, that I last saw the deceased alive on 10/10, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Smith
ADDRESS Princess Anne
DATE SIGNED 10/10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 11, 1950
NAME OF CEMETERY OR CREMATORY St Luke R Cemetery
LOCATION (City, town, or county) (State) near Snow Hill

DATE REC'D BY LOCAL REG. 10/10/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR Dale Dashiell, Pr Anne Md
ADDRESS

43630

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
OCT 13 1950
BUREAU

10560

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Nawsonia Crisfield Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) Dawson's Crisfield Md.

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) C. (Last) Sterling

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Fuller

14. MOTHER'S MAIDEN NAME: Sallie Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Coleman Sterling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - cerebral	?
	(c) Pulmonary Tuberculosis	15 yrs -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Comminuted fracture of R. Leg — 7 yrs -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28, 1950, to Oct. 11, 1950, that I last saw the deceased alive on Oct 11, 1950, and that death occurred at 6:02 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. M. Peyton	M. D.	Crisfield, Md	10/13/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/15/1950	Asbury Cemetery	Asbury Crisfield Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/13/50	Betty W. Tyler	Whittington	Crisfield

RECEIVED
OCT 16 1950
BUREAU V. S

10561

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (In this place) 46 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) William (Last) Walston
4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-12-1904
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pump Work
10b. KIND OF BUSINESS OR INDUSTRY Driving Pump
11. BIRTHPLACE (State or foreign country) Princess Anne, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George W. Walston
14. MOTHER'S MAIDEN NAME Mary Carroll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS George W. Walston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Haemorrhage	9 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4th, 1950, to Oct 12, 1950, that I last saw the deceased alive on Oct 11th, 1950, and that death occurred at 8:40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marksman ADDRESS Princess Anne, Md. DATE SIGNED 10.14.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-15-50
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Princess Anne, Md.
DATE REC'D BY LOCAL REG. 10/14/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd
24. FUNERAL DIRECTOR William H. James Jr ADDRESS Princess Anne, Md

496 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 16 1950
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

10562

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rual — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rual
STREET ADDRESS (If rural, give location) Pocomoke, City, Md.

3. NAME OF DECEASED (Type or Print): (First) Almira (Middle) Francis (Last) Waters
4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: March 26, 1880
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Fairmount, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Gillett
14. MOTHER'S MAIDEN NAME: Sarah Annie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Alonza Waters Pocomoke City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia — 3 Mo.

174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Carcinoma of Uterus & Large Intestine — 2 Yrs.

48b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Oct. 7, 1950, that I last saw the deceased alive on Oct 7, 1950, and that death occurred at 5 05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Louis L. Llewellyn, M.D. — Pocomoke City, Md. — 10/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/11/50 — NAME OF CEMETERY OR CREMATORY: Unionville Cemetery — LOCATION (City, town, or county) (State): Pocomoke City, Md.

DATE REC'D BY LOCAL REG. Oct 11-1950 — REGISTRAR'S SIGNATURE: Mrs Clayton Davis — 24. FUNERAL DIRECTOR: Bosley M. West — ADDRESS: Salisbury, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 13 1950
BUREAU V. S.